

Department of  
Veterans Affairs

# Memorandum

Date: July 8, 2022

From: Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO) (11)

Subj: Guidelines for Lung Cancer Screening in Veterans Health Administration (VHA) (VIEWS 6762531)

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)  
VISN CMOs (10N1-23)

1. The purpose of this memorandum is to inform that the National Center for Lung Cancer Screening (NCLCS), Specialty Care Program Office and the National Radiology Program (NRP), Diagnostic Services Office have updated VHA lung cancer screening (LCS) processes. This memorandum replaces the Deputy Under Secretary for Health for Operations and Management (DUSHOM) Memorandum: Lung Cancer Screening with Low Dose Computed Tomography (LDCT), dated November 14, 2017. DUSHOM Memorandum: Lung Cancer Screening with LDCT is rescinded.

2. VHA recommends lung cancer screening using annual LDCT to eligible Veterans at high risk of developing lung cancer. See guidance developed by the VHA National Center for Health Promotion and Disease Prevention (NCP) at: [https://vaww.prevention.va.gov/CPS/Lung\\_Cancer\\_Screening.asp](https://vaww.prevention.va.gov/CPS/Lung_Cancer_Screening.asp).

3. **LDCT for LCS Guidelines for High-Quality Programs:** VA medical facilities may perform lung cancer screening only when all the following criteria for components of a high-quality lung cancer screening program are met:

- a) Systematic and equitable method to identify patients who meet VHA screening eligibility criteria (for facilities with systemic/proactive screening programs only);
- b) Standardized screening guidelines for the frequency and duration for offering LDCTs for LCS (evidence based);
- c) Patient education materials for shared decision making and other communication efforts;
- d) Clinical LCS coordinators to coordinate care of patients in program.

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***NOTE:*** VHA does not require LCS Coordinators to be licensed independent providers. Most programs utilize registered nurses or advanced practice providers (i.e., advanced practice nurses or physician assistants).

- e) Access to evidence-based smoking cessation resource;
- f) Access to a multidisciplinary committee with expertise in lung nodule;
- g) Management, the performance of nonsurgical biopsies and minimally invasive surgical biopsies, and lung cancer treatment. The multidisciplinary committee can be utilized through a “hub/spoke” model for facilities without all the necessary specialties on site. The committee is also responsible for the oversight of the conduct and management of the lung screening program;
- h) The following specialties should be represented on the multidisciplinary committee:
  - i. Radiology (diagnostic, interventional);
  - ii. Thoracic surgery;
  - iii. Medical oncology;
  - iv. Radiation oncology;
  - v. Primary care;
  - vi. Lung Cancer Screening Coordinator
  - vii. Pulmonary medicine;
- i) Standardized radiology protocols, procedure names, reporting methodology/codes, and nodule management guidelines (i.e., Lung CT Screening Reporting & Data System (Lung-RADS)) (<https://www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/Lung-Rads>); A patient management tool/registry to rigorously track Veterans to ensure high levels of adherence to nodule management guidelines.

**4. VA Medical Facilities Interested in Offering LCS:** VA medical facilities wishing to offer LDCTs for LCS at their facility must submit a Clinical Restructuring Request per VHA Directive 1043, Restructuring of VHA Clinical programs, dated November 2, 2016, which will require specific data elements regarding components of their program.

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- a) Clinical restructuring requests will be reviewed through recognized channels by VHA NCLCS and by VHA NRP;
- b) Facilities starting to offer LCS are encouraged to incrementally increase capacity for their program as they attempt to systematically and equitably offer access to all eligible Veterans to high-quality LCS. Smaller or pilot programs may be considered to start and then gradually expand capacity.

5. **VA Medical Facilities Not Offering LCS:** If a facility decides to use care in the community LDCT for LCS for eligible patients, the Facility Director is responsible for ensuring that community providers/systems meet all criteria as set forth by the NCP Lung Cancer Screening Guidelines.

6. The NCLCS for the National Pulmonary Program Office has provided the following resources to help facilities with implementation, available here: ([VHA National Center for Lung Cancer Screening - Home \(sharepoint.com\)](#)).

- a) Lung Cancer Screening Platform (LCSP)
  - i. The LCSP is a suite of tools including clinical reminders, health factors, note templates, and a patient management tool (i.e., a tracking system or “registry”) that is embedded within the VISTA electronic health record and utilizes structured data elements from the Corporate Data Warehouse. *NOTE: VHA does not currently have a comparable system for use in the Cerner Computerized Patient Record System, updates for Cerner sites will be forthcoming;*
  - ii. The National Center for Lung Cancer Screening maintains the LCSP and helps train facilities in its use.
- b) A checklist of lung cancer screening program components for a high-quality program;
- c) Workload estimator, patient education materials, coordinator responsibilities, smoking cessation program elements, and information on clinical reminders;
- d) Radiology guidance.

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7. The Facility Director will be responsible for ensuring that the LCS program elements included in 3 are met.

8. Should you have further questions regarding general program standards for lung cancer screening, please contact Dr. Christopher Slatore, Chief Consultant for the National Center for Lung Cancer Screening at [christopher.slatore@va.gov](mailto:christopher.slatore@va.gov). For questions regarding radiology standards for lung cancer screening, send email to National Radiology Lung Cancer Screening Medical Director at [VHARadiologyProgramOffice@va.gov](mailto:VHARadiologyProgramOffice@va.gov).

A handwritten signature in black ink, appearing to read 'Erica Scavella', with a stylized, cursive script.

Erica Scavella, M.D., FACP, FACHE